

ADMINISTRATIVE	OBTS NUMBER		ARREST/NOTICE TO APPEAR Juvenile Referral Report										1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		3	Juvenile	No			
	Agency ORI Number FL0501700		Agency Name Jupiter Police Department										Agency Report Number 54 - 19 - 000820									
	Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other										Weapons Seized/Type 1. Yes 2. No 2											
	Location of Arrest (Including Name of Business)										Location of Offense (Business Name/Address) Orchids of Asia Day Spa 103 S US Hwy 1 C2, Jup.										Date of Offense 01/19/19	
DEFENDANT	Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Fingerprinted By: <input type="checkbox"/> Identification <input type="checkbox"/> AFIS <input type="checkbox"/> Criminal									
	Location of Vehicle				Other Local Number		FDLE Number		DOC Number		FBI Number											
	Name (Last, First Middle) Daniels, Joseph M.										Alias (Name, DOB, Soc. Sec. #, Etc.)											
	Race W - White B - Black		Sex M		Date of Birth 03/14/1982		Height 600		Weight 180		Eye Color blu		Hair Color bro		Complexion med		Build med					
CO-DEF.	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) none visible										Marital Status unk		Religion unk		Indication of: Alcohol Influence Drug Influence		Y <input type="checkbox"/>		N <input type="checkbox"/>		Un. <input type="checkbox"/>	
	Local Address (Street, Apt. Number) 17 S. Somerset Ave				(City) Ventnor		(State) NJ		(Zip) 08406		Phone (609)287-1938		Residence Type: 1. City 2. County 3. Florida 4. Out of State									
	Permanent Address (Street, Apt. Number) same				(City)		(State)		(Zip)		Phone ( )		Address Source D/L									
	Business Address (Name, Street) ( )				(City)		(State)		(Zip)		Phone ( )		Occupation									
JUVENILE	D/L Number D04314107403824		D/L State NJ		Soc. Sec. Number ( )		INS Number		Place of Birth NJ		Citizenship US											
	Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile							
	Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile							
	<input type="checkbox"/> 1. Parent <input type="checkbox"/> 2. Legal Custodian <input type="checkbox"/> 3. Other:		Name (Last, First, Middle)										Residence Phone ( )									
CHARGE	Address (Street, Apt. Number)				(City)		(State)		(Zip)		Business Phone ( )											
	Notified By: (Name)				Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/DCF 3. Incarcerated													
	Released To: (Name)				Relationship		Date		Time													
	The above address was provided by the defendant and/or defendant's parent/guardian. The child and/or parent/guardian was told to keep the Juvenile Division Office (Phone 561-355-7200) informed of any change of address: Yes, by: (Name) No: (Reason)										School Attended		Grade									
CHARGE	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property								Value of Property											
	Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/Distribute Distribute		M. Manufacture Produce/ Cultivate		Z. Other		Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other	
	Charge Description Solicit another to commit prostitution				Counts 1		<input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number 796.07(5)(a)1				Violation of ORD #									
	Activity N		Drug Type N		Amount/Unit N/A		Offense # 19-000820		Warrant/Capias Number				Bond									
CHARGE	Charge Description				Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number				Violation of ORD #									
	Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond									
	Charge Description				Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number				Violation of ORD #									
	Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond									
CHARGE	Charge Description				Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number				Violation of ORD #									
	Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond									
	Charge Description				Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number				Violation of ORD #									
	Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond									
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) North County Courthouse, 3188 PGA Blvd., Palm Beach Gardens, FL 33410																			
			Court Date and Time Month Day Year Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.																			
	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.																					
	Signature of Defendant (or Juvenile and Parent/Custodian)																					
ADMIN	HOLD for other Agency Name:				Signature of Arresting Officer X [Signature] 4121101								Date Signed									
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:				Name of Arresting Officer (Print) Det. A. Sharp #412/1101				I.D.#				Name Verification (Printed by Prisoner) (PRINT)					
	Intake Deputy I.D.#				Pouch #				Transporting Officer I.D.#				Agency				Witness here if subject signed with an "X"					
																	PAGE 1 of 1					

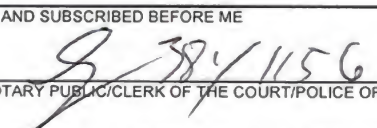
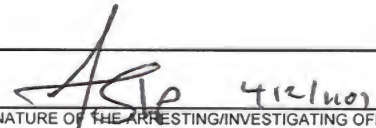
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DEFENDANT - 1 COPY



<b>ADMIN</b>	OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		3	Juvenile	No
	Agency ORI Number <b>FL0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>				Agency Report Number <b>54 - 19 - 000821</b>						
<b>DEF</b>	Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many as apply. <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other												
	Special Notes:												
<b>VICTIM</b>	Name (Last, First, Middle) <b>Daniels, Joseph M.</b>						Alias						
	Victim's Name (Last, First, Middle) <b>State of Florida</b>						Race <b>N/A</b>		Sex <b>N/A</b>		Date of Birth <b>N/A</b>		
<b>PROBABLE CAUSE STATEMENT</b>	Local Address (Street, Apt. Number) <b>210 Military Trail,</b>						(City) <b>Jupiter,</b>		(State) <b>FL,</b>		(Zip) <b>33458</b>		
	Business Address (Name, Street)						(City)		(State)		(Zip)		
<b>ADMIN</b>	Phone <b>(561) 746-6201</b>						Address Source <b>Known</b>		Occupation <b>Government</b>				
	The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe the above named Defendant committed the following violation of law. The person taken into custody.... <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ <input type="checkbox"/> confessed to _____ <input type="checkbox"/> that he/she saw the arrested person commit the below acts. admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. On the <u>19th</u> day of <u>January</u> , <u>2019</u> at <u>514</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest)												
<p>In October of 2018 members of the Jupiter Police Department began an investigation into criminal activity occurring at Orchids of Asia Day Spa, located at 103 S. US Highway 1 C2 in Jupiter. On January 17, 2019, covert surveillance equipment was installed in Orchids of Asia Day Spa pursuant to a sneak and peek warrant. The following narrative is a description of the illicit activity that took place.</p> <p>Room Surveillance: Det.C. Cook #404 Room Camera # JPPD Cam 4</p> <p>January 19, 2019, 1714hrs-1820hrs</p> <p>Defendant: Joseph M. Daniels (W/M, 03/14/82), FL tag GHYX44, grey zip up sweater, white shirt, multicolor shorts</p> <p>On January 19<sup>th</sup>, 2019, video surveillance was conducted at the target business. At approximately 1714hrs, Daniels entered the listed establishment and paid for services in cash at the front desk to an Asian female, previously identified as Lei Wang (A/F 05/20/73), which was captured on JPPD Cam 5. Daniels entered a room, designated as JPPD Cam 4, completely undressed and lied down on the massage table. At 1727 hours, [REDACTED] entered the room and began to massage Daniels. At 1736 an unknown Asian female, wearing a black and white shirt and black pants with the word "Reebok" on the back entered the room and [REDACTED] exited the room. At approximately 1809 hours, Daniels turned onto his back. A conversation occurred between the unknown female and Daniels just prior to the female briefly touching Daniels' penis. The unknown female lifted up her shirt and allowed Daniels to touch her exposed breasts. The unknown female then began manipulating Daniels' genitals with her right hand. Daniels then pulled the female on top of him, revealing that the female's pants were down to her knees. A short time later, the female handed Daniels a white towel and he wiped his stomach off. At 1820 hours, Daniels removed cash from his pocket and left the room.</p> <p>Surveillance on Scene: At 1714hrs, a white male, later identified as Joseph M. Daniels (W/M 03/14/82) entered the establishment through the front door, which was observed by Agent M. Nicholson #342. At approximately 1820hrs, Daniels exited the front door and entered the driver seat of a vehicle, a 2019 black Toyota SUV bearing FL tag GHYX44, which was observed by Agent Nicholson. Officer Kimbark #368 conducted a traffic stop on the vehicle and identified the driver and sole occupant by New Jersey driver's license as Joseph M. Daniels, (W/M, 03/14/82).</p> <p>Based upon the following information it has been determined that Joseph M. Daniels did commit, engage in, or offer to commit, prostitution, lewdness, or assignation, contrary to Florida Statute 796.07(2)(e) and (4)(a)1..(2 DEG MISD) Offer To Commit Prostitution</p>													
<b>ADMIN</b>	SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC/CLERK OF THE COURT/POLICE OFFICER <b>February 22, 2019</b> DATE						 SIGNATURE OF THE ARRESTING/INVESTIGATING OFFICER <b>Detective A. Sharp #412/1101</b> NAME OF OFFICER (PLEASE PRINT) <b>February 22, 2019</b> DATE						
							PAGE <b>1 OF 1</b>						

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